

Application or Docket Number

Application or Docket Number
09674766

(Column 1)	(Column 2)
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))

* If the difference in column 1 is less than zero, enter "0" in column 2.

1.3006	(Column 1)	(Column 2)	(Column 3)
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AMENDMENT A

TOTAL
ADD'L FEES

	RATE (\$)	ADDITIONAL FEE (\$)
OR	X	=
OR	X	=
OR		
OR	TOTAL ADD'L FEE	*

OR

324/06

AMENDMENT

TOTAL
ADD'L FE

	RATE (\$)	ADDITIONAL FEE (\$)
OR	X	=
OR	X	=
OR		
OR	TOTAL	ADD'L FEE

C

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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